

Scholarship Application for Massachusetts Association of Electrologists

(Applicants must submit proof of graduation or completion of at least 50% of training and will be licensed to practice in MASSACHUSETTS. Please submit no later than two months after year of graduation)

DATE: _____

NAME: _____

DATE OF BIRTH: _____

CELL PHONE: _____

EMAIL: _____

HIGH SCHOOL: _____

COLLEGE: _____

OTHER EDUCATION: _____

EXPECTED DATE OF GRADUATION FROM ELECTROLOGY
SCHOOL: _____

WORK EXPERIENCE: _____

PERSONAL INTERESTS: _____

PROFESSIONAL ORGANIZATIONS: _____

TWO REFERENCES:

: _____

Give a brief explanation of why you chose electrolysis as a
profession: _____

Please email a copy of your electrology school diploma or proof of greater than 50%
hours of school completion along with your application to :

Melissa Wish, MAE BOARD @ wishelectrolysisandlaser@gmail.com

